

## FARM BILL PROGRAM REFERRAL

### SECTION 1 Applicant Information (Completed by NRCS)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Farm#: \_\_\_\_\_ Tract#: \_\_\_\_\_ Field#: \_\_\_\_\_

Location: \_\_\_\_\_

Program: \_\_\_\_\_ Practice Requested: \_\_\_\_\_

### SECTION 2 Needs Determination (Completed by Agency or Technical Service Provider)

1. Practice: \_\_\_\_\_ a. Extent Requested \_\_\_\_\_ b. Extent Needed \_\_\_\_\_

Practice: \_\_\_\_\_ a. Extent Requested \_\_\_\_\_ b. Extent Needed \_\_\_\_\_

Practice: \_\_\_\_\_ a. Extent Requested \_\_\_\_\_ b. Extent Needed \_\_\_\_\_

Practice: \_\_\_\_\_ a. Extent Requested \_\_\_\_\_ b. Extent Needed \_\_\_\_\_

Practice: \_\_\_\_\_ a. Extent Requested \_\_\_\_\_ b. Extent Needed \_\_\_\_\_

The practices shown in item(s) 1b above are needed and practical.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

### SECTION 3 Application Certification (Completed by Agency or Technical Service Provider)

2. Practice: \_\_\_\_\_ a. Extent Needed \_\_\_\_\_ b. Extent Completed \_\_\_\_\_

Practice: \_\_\_\_\_ a. Extent Needed \_\_\_\_\_ b. Extent Completed \_\_\_\_\_

Practice: \_\_\_\_\_ a. Extent Needed \_\_\_\_\_ b. Extent Completed \_\_\_\_\_

Practice: \_\_\_\_\_ a. Extent Needed \_\_\_\_\_ b. Extent Completed \_\_\_\_\_

Practice: \_\_\_\_\_ a. Extent Needed \_\_\_\_\_ b. Extent Completed \_\_\_\_\_

The practice(s) has/have been performed to the extent shown in item(s) 2b above and meet program requirements and WV NRCS practice standards.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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*Planners should return a copy of this completed form and any supplemental material to the NRCS field office or state office (as appropriate) for processing.*